

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33359

State File No. 8947

FILED OCT 22 1943

Registration District No. 318

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County ST LOUIS MO  
(b) City or town ST LOUIS  
(c) Name of hospital or institution Henley Phillips Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 hours (Specify whether years, months or days)

8. (a) PRINT FULL NAME George Mitchell

8. (b) If veteran, name war No 3. (c) Social Security No. 992-03-6017

4. Sex Male 5. Color or race 2c 001 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nola Mitchell 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased JUNE 20 1901  
(Month) (Day) (Year)

8. AGE: Years 42 Months 0 Days 17 If less than one day hr. min.

9. Birthplace New Orleans LA.  
(City, town, or county) (State or foreign country)

10. Usual occupation Factor

11. Industry or business Small Arms Plant.

MOTHER FATHER { 12. Name UNKNOWN  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Nola Mitchell

(b) Address 3338 A Franklin Ave

17. (a) Burial (b) Date thereof 10-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Ellis F. H. NOME.

(b) Address 2820 S Todd St.

19. (a) OCT 11 1943 (b) J. F. Brundage  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 92  
(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3338 A Franklin Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th  
year 1943 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Cause undetermined  
Due to 96.

Other conditions 96.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Manner of injury 7.  
23. Signature Thomas J. Callahan  
Address Deputy Coroner Date Oct 13 1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Lonnie Baykins, Registered Apprentice No. ....  
working under my personal supervision.

Signed Lonnie Baykins

Licensed Embalmer No. 2946

P. O. Address St. Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**